



North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
3001 Mail Service Center • Raleigh, North Carolina 27699-3001
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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Michael Moseley, Director

May 13, 2005

MEMORANDUM:

TO: MHDDSA Advocacy Organizations and Groups
MHDDSA Stakeholders Organizations and Groups

FROM: Mike Moseley

RE: Advocacy Organization Database

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services has created a voluntary advocacy organization database. The purpose of this database is to involve a broader and more representative array of advocacy organizations and groups in discussions about DMH/DD/SAS issues related to the ongoing transition of the MH/DD/SA service system in North Carolina. Advocacy organizations and groups desiring to be considered for participation in these discussions may complete and submit the required information. The DMH/DD/SAS will utilize the information to select organizations and groups from the database, on a rotating basis, to engage in discussions. Participants will be selected based upon criteria specifically relevant to items under discussion.

The instructions for accessing and utilizing the database are attached and have also been posted on DMH/DD/SAS web page at <https://www.ncdmh.net/advocacy/>.

Individuals receiving this communication are encouraged to distribute it to other advocacy organizations and groups that may not have received it.

Should you have any questions, please contact Missie Davis at missie.davis@ncmail.net or call her at 919-715-3197.

Attachment

cc: Secretary Carmen Hooker Odom
DMHDDSA Executive Leadership Team
State Facility Directors
Allyn Guffey
Dan Stuart
Carol Duncan-Clayton
Patrice Roesler
Dick Oliver
Kay Holder
MH Commission Chair
Coalition 2001 Chair
State CFAC
Local CFACs
Advocacy Organizations

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| NC Division of MH/DD/SAS Advocacy Organization Database Summary |
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Instructions: The NC Division of MH/DD/SAS is establishing a voluntary database of descriptive information about mental health, developmental disabilities, and substance abuse Advocacy Organizations in North Carolina for participation in consultation to the Department regarding various policy issues. To be considered for participation in these consultations, advocacy organizations are invited to enter and submit their organization's information to the Division by accessing the Advocacy Organization Database which can be found on the Division website at <https://www.ncdmh.net/advocacy/>. Submission of this information is not an assurance that the advocacy organization will be selected for participation in consultations. Advocacy organizations will be selected on a rotating basis in relation to the issues under discussion.

For Assistance (email preferred): Contact Missie Davis at missie.davis@ncmail.net or call her at (919)715-3197.

ENTERING NEW ORGANIZATION INFORMATION

You will need to create a User Name and Password when creating new records and you should store this information in a secure location for possible future information updates. The Username and Password will be the method used to access your previously submitted information for update.

Once you have accessed the Database, proceed by clicking **Add New**. You will then need to create a User Name and Password. The instructions below identify the specific information needed. (*) **Required**

1. Advocacy Organization Name*
2. Organization's Primary Street Address*
3. City*
4. State*
5. Zip Code*
6. Organization's Primary Mailing Street Address*
7. City *
8. State*
9. Zip Code*
10. First Name of Organization's Contact Person*
11. Last Name of Organization's Contact Person*
12. Position Title of Organization's Contact Person*
13. Telephone Number (with Area Code) for Contact Person*
14. Fax Number (with Area Code) for Contact Person
15. E-Mail Address (if available) for Contact Person
16. Check this box if the Contact Person does not have email
17. First Name of the Individual entering this Information*
18. Last Name of the Individual entering this Information*
19. Telephone Number (with Area Code) for Individual entering this Information*
20. Number of Members in the Organization*
21. Briefly describe your Organization's funding sources
22. Affiliation with other State or National Advocacy/Consumer Organizations
23. Does Organization Provide MH/DD/SA Services? Y/N*
24. If Yes, What types of Services?*

25. What portion (percentage) of your budget is allocated for Advocacy*
26. Indicate General Regions in North Carolina where the Organization operates* **(At least one must be checked)**
(Check all that apply) a. Statewide b. Western c. Central d. Eastern
27. Indicate all Age/Disability Population groups currently represented by the Organization* **(At least one must be checked)** (Check all that apply)
a. Child Mental Health b. Child Developmental Disabilities c. Child Substance Abuse d. Adult Mental Health e. Adult Developmental Disabilities f. Adult Substance Abuse

In order for the Database to accept the information entered you must:
Re-enter your username* & Re-enter your password*

UPDATING YOUR ORGANIZATION'S INFORMATION

To update your information, go to <https://www.ncdmh.net/advocacy/>, put in your User Name and Password and click on Update Existing.